# EXHIBIT F



#### PERSONAL & CONFIDENTIAL IMPORTANT NOTICE REGARDING CANCELLATION

October 30, 2003

David S Eingorn, M.D. 3120 Princeton Pike Lawrenceville, NJ 08648

Re: MP41275

Reason: Claims Frequency

This will confirm notice of the cancellation of your Claims-Made Professional Liability insurance coverage. In order to extend the period for reporting of claims, you must purchase an Extended Reporting Endorsement (ERE). This Endorsement (see Professional Liability Coverage Part, Section VII) provides coverage against future claims, which may be filed against you due to services rendered prior to the cancellation date and subsequent to the retroactive date on your policy. Your failure to purchase this Extended Reporting Endorsement (ERE) by the date due will result in NO COVERAGE for any medical professional incidents, claims or suits not already reported to The Company as of the termination date of the above cited coverage.

If you wish to purchase this coverage, payment must be received by The Company within thirty (30) days following termination of the coverage (or thirty (30) days from the date of this letter, whichever is later). The Endorsement will be issued upon receipt of payment in full, including any outstanding balances due for the coverage to which this endorsement attaches.

Shelley Romig Underwriting Department	
Primary Limits of \$1,000,000/\$3,000,000 for premium of \$78,502  Yes, I wish to purchas	e.
I wish to purchase the extended reporting endorsement at the limits requested above and my check is enclosed.	1
Signature Date	

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ProNational Insurance Company P. O. Box 150 Okemos, MI 48805-0150 (800) 292-1036 or (517) 349-6500



#### PERSONAL & CONFIDENTIAL IMPORTANT NOTICE REGARDING CANCELLATION

October 30, 2003

Edward J Ford, M.D. 3120 Princeton Pike Lawrenceville, NJ 08648

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Shelley Romig Underwriting Department		
Primary Limits of \$1,000,000/\$3,000,000 for premium of \$78,	502	Yes, I wish to purchase.
I wish to purchase the extended reporting endors check is enclosed.	ement at the l	imits requested above and my
Signature Shoul	Date/	12/30/03



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Michael R Duch, M.D. 3120 Princeton Pike Lawrenceville, NJ 08648

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Shelley Romig Underwriting Department				
Primary Limits of \$1,000,000/\$3,000,000 for premium of \$74,	577	Yes, I wish to purchase.		
I wish to purchase the extended reporting endorsement at the limits requested above and my check is enclosed.				
Signature	Date	12/30/03		



## PERSONAL & CONFIDENTIAL IMPORTANT NOTICE REGARDING CANCELLATION

October 30, 2003

Thomas K Bills, M.D. 3120 Princeton Pike Lawrenceville, NJ 08648

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Shelley Romig Underwriting Department	
Primary Limits of \$1,000,000/\$3,000,000 for premium of \$78,502	Yes, I wish to purchase.
I wish to purchase the extended reporting endorsement at the locheck is enclosed.	limits requested above and my
Signature Date	12/30/03



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October 30, 2003

Eric C Gokcen, M.D. 3120 Princeton Pike Lawrenceville, NJ 08648

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Shelley Romig Underwriting Department	
Primary Limits of \$1,000,000/\$3,000,000 for premiu	m of \$66,726 Yes, I wish to purchase.
I wish to purchase the extended reporting the check is enclosed.	g endorsement at the limits requested above and my  Date $h \int_{30}^{3}$



# PERSONAL & CONFIDENTIAL IMPORTANT NOTICE REGARDING CANCELLATION

October 30, 2003

John P Nolan, Jr., M.D. 3120 Princeton Pike Lawrenceville, NJ 08648

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Shelley Romig Underwriting Department	
Primary Limits of \$1,000,000/\$3,000,000 for premium of \$66,	.726 Yes, I wish to purchase.
I wish to purchase the extended reporting endors check is enclosed.	sement at the limits requested above and my
Signature	Date 12/30/03



PERSONAL & CONFIDENTIAL IMPORTANT NOTICE REGARDING CANCELLATION

October 30, 2003

Ching-Jen Wang, M.D. 3120 Princeton Pike Lawrenceville, NJ 08648

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Shelley Romig Underwriting Department		The Control of the Co
Primary Limits of \$1,000,000/\$3,0	00,000 for premium of \$19,139	Yes, I wish to purchase.
,	A Company of the Comp	State of the State
I wish to purchase the check is enclosed.	extended reporting endorsement at the	he limits requested above and my
Signature Signature	For On WAVE Date	12/30/03

Filed 03/22/10

Page 9 of 11 PageID:

ProNational Insurance Company P. O. Box 150 Okemos, MI 48805-0150 (800) 292-1036 or (517) 349-6500



PERSONAL & CONFIDENTIAL IMPORTANT NOTICE REGARDING CANCELLATION

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Jeffrey Stephen Dina, P.A. 3120 Princeton Pike Lawrenceville, NJ 08648

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Shelley Romig Underwriting Department	<i>j</i>
Primary Limits of \$1,000,000/\$3,000,000 for premium of \$3,087	Yes, I wish to purchase.
I wish to purchase the extended reporting endorsement at the check is enclosed.	limits requested above and my $\left(\frac{2}{3} \circ \sqrt{63}\right)$



## PERSONAL & CONFIDENTIAL IMPORTANT NOTICE REGARDING CANCELLATION

October 30, 2003

Paul Villalon-Iglesias, P.A. 3120 Princeton Pike Lawrenceville, NJ 08648

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Shelley Ro Underwriti	omig ing Department		
Primary Lin	nits of \$1,000,000/\$3,000,000 for premium of \$1	,996	Yes, I wish to purchase.
	vish to purchase the extended reporting endo eck is enclosed.	rsement at	the limits requested above and my
Signature	p Mllali	Date	12/30/03



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Stephen Kwasniewski, P.A. 3120 Princeton Pike Lawrenceville, NJ 08648

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Shelley Romig Underwriting Departi	nent			
Primary Limits of \$1,00	00,000/\$3,000,000	for premium of \$1	,080	Yes, I wish to purchase.
I wish to purcheck is encl		ed reporting endo	orsement at the	e limits requested above and my
Signature Style	- fum		Date	12/30/03